

This is an application for an Alabama resident to become licensed as an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$40 (\$20 application fee and \$20 license fee). Business entities must use the Application for Business Entity Producer License. Non-residents please use the NAIC Uniform Application for Individual Producer License.

Mail to: Alabama Department of Insurance  
 P.O. Box 830704  
 Birmingham, Alabama 35283-0704

## Application for Individual Producer License (Alabama Residents)

(Please Print or Type)

① Soc. Security Number		② If applicable, NASD Individual Central Registration Depository (CRD) Number			
③ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name	⑦ Date of Birth (month) ___ (day) ___ (year) ___	
⑧ Residence/Home Address (Physical Street)		⑨ P.O. Box	⑩ City	⑪ State	⑫ Zip or Foreign Country
⑬ Home Phone Number ( ) -	⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)			
⑯ Business Name					
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City	⑳ State	㉑ Zip or Foreign Country
㉒ Business Phone Number ( ) -	㉓ Business Fax Number ( ) -	㉔ Business E-Mail Address		㉕ Business Web Site Address	
㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City	㉙ State	㉚ Zip or Foreign Country
㉛ Assumed Business Name/Trade Name					

### Agency or Business Entity Affiliations

㉜ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

### Employment History

㉝ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State					
City State					
City State					
City State					
City State					
City State					
City State					

(State Use)

**Application for Individual Producer License (Alabama Residents)**

**This is an application to become an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$40 (\$20 application fee and a \$20 license fee).**

34 Please check the line(s) of authority for which you are applying:

- |  |                       |                      |                     |                 |
|--|-----------------------|----------------------|---------------------|-----------------|
| V – Variable Life/Variable Annuity *             | L – Life *            | P – Property *       | C – Casualty *      | CR – Credit     |
| H – Accident & Health or Sickness (Disability) * | PL – Personal Lines * | A – Automobile *     | BB – Bail Bond *    | MC – Motor Club |
| IF – Industrial (debit) Fire *                   | RV – Rental Vehicle   | DS – Dental Services | LS – Legal Services |                 |

\* You must first pass an examination before filing this application for the indicated lines. Original examination results must be attached.

**Background Information**

35 The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_  
 “Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.  
 If you answer yes, you must attach to this application:
  - a) a written statement explaining the circumstances of each incident,
  - b) a copy of the charging document, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
  
2. I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance. Yes \_\_\_ No \_\_\_
  
3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_  
 “Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.  
 If you answer yes, you must attach to this application:
  - a) a written statement identifying the type of license and explaining the circumstances of each incident,
  - b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
  
4. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_  
  
 If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.
  
5. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_  
  
 If you answer yes, identify the jurisdiction(s): \_\_\_\_\_
  
6. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_  
  
 If you answer yes, you must attach to this application:
  - a) a written statement summarizing the details of each incident,
  - b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
  
7. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_  
  
 If you answer yes, you must attach to this application:
  - a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
  - b) copies of all relevant documents.
  
8. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_  
  
 If you answer yes, by how many months are you in arrearage? \_\_\_\_\_ Months
  
9. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_  
  
 If you answer yes, you must attach an explanation to this application.

**Applicant's Certification and Attestation**

36 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the State of Alabama and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the State of Alabama to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Alabama and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Alabama.

\_\_\_\_\_  
 Month      Day      Year

\_\_\_\_\_  
 Original Applicant Signature

\_\_\_\_\_  
 Full Legal Name (Printed or Typed)

**Notary**

37 Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL) \_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 Date Commission Expires

**Attachments**

38 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- Check for \$40 payable to "Commissioner of Insurance, State of Alabama"
- Original Examination Results, if applicable.
- Attachments explaining "Yes" answers on page 2, if necessary.

**Mail to: Alabama Department of Insurance  
 P.O. Box 830704  
 Birmingham, Alabama 35283-0704.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN AFFIDAVIT

I, \_\_\_\_\_ under the penalty  
(Name)  
of perjury do hereby swear to or affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of  
\_\_\_\_\_ in the year of \_\_\_\_\_.  
(State) (Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer related to the business of insurance.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

**\*PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.**

**PART A (TO BE COMPLETED BY THE INSURER) - PLEASE TYPE or PRINT CLEARLY**

Mark  the type  Temporary Producer (total fees = \$70 per insurer)

Mark  (one):  Resident

license requested:  Service Representative (total fees = \$50 per insurer)

Non-Resident

Company NAIC No.	Life	Accident & Health or Sickness (Disability)	Variable Life and Variable Annuities	Property*	Casualty*	Personal Lines*	Industrial (Debit) Fire*	Automobile*
#								
Company Name								
#								
Company Name								
#								
Company Name								
#								
Company Name								
#								
Company Name								

\* Indicates only lines applicable for Service Representatives

By the signature of an authorized company official, the above-named insurer(s) request(s) that the applicant described in this application be licensed and appointed as a temporary producer or service representative for the above indicated line(s) of insurance (mark [X] as many as required). We have investigated the character and background of this applicant and are satisfied that the applicant is trustworthy and qualified to act as our temporary producer or service representative, we endorse the applicant as being of good business standing and character and we desire that the applicant be licensed and appointed as our temporary producer or service representative, as indicated above. We are familiar with the federal law (18 U.S.C. § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand it is a violation of this law to willfully permit a prohibited person from conducting the business of insurance.

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
(Original signature of authorized company official)

\_\_\_\_\_  
(typed or printed name of company official)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City / state / zip)

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(Fax #)

**PART B (TO BE COMPLETED BY THE APPLICANT) - PLEASE TYPE or PRINT CLEARLY**

① Soc. Security Number		② If applicable, NASD Individual Central Registration Depository (CRD) Number		
③ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>				
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name	⑦ Date of Birth (month) ___ (day) ___ (year) ___
⑧ Residence/Home Address (Physical Street)		⑨ P.O. Box	⑩ City	⑪ State
				⑫ Zip or Foreign Country
⑬ Home Phone Number ( ) -		⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)	
⑯ Business Name				
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City	⑳ State
				㉑ Zip or Foreign Country
㉒ Business Phone Number ( ) -		㉓ Business Fax Number ( ) -	㉔ Business E-Mail Address	㉕ Business Web Site Address
㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City	㉙ State
				㉚ Zip or Foreign Country
㉛ Assumed Business Name/Trade Name				

**Agency or Business Entity Affiliations**

32 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

**Employment History**

33 Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City _____ State _____					
Name _____					
City _____ State _____					
Name _____					
City _____ State _____					
Name _____					
City _____ State _____					

**Background Information**

34 The Applicant must read the following very carefully and answer every question:

1. Have you **EVER** been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance. Yes \_\_\_ No \_\_\_

3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

4. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.

5. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

6. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

7. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

8. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months

9. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

**Applicant's Certification and Attestation**

35 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the State of Alabama and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the State of Alabama to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Alabama and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Alabama.

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Notary**

36 Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL) \_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Date Commission Expires

**Attachments**

37 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Check payable to "Commissioner of Insurance, State of Alabama"
2. Service Representatives must attach a copy of Prelicensing Course Certificate if not currently licensed.

**INSTRUCTIONS:**

1. **PLEASE TYPE OR PRINT.** Application must be on Form AL-1-TSR (1/2002). This form may be reproduced. All previous revisions of this form are obsolete and, if received after February 15, 2002, will not be accepted.
2. This form should be used by RESIDENTS and NON-RESIDENTS to apply for license/appointments as TEMPORARY PRODUCER or SERVICE REPRESENTATIVE. **All signatures on the form must be original. No photocopies or facsimiles of signatures will be accepted.** Acknowledgment by Notary Public must be current (not more than 6 months old) at time of receipt by Insurance Department. A current (less than 90 days old) letter of certification from home state is required with every non-resident service representative's application.
3. All applicants must complete Part B of this form.
3. After the Applicant has completed Part B, the insurer must then complete Part A. The insurer must carefully review the Applicant's answers to all questions, along with any and all attachments.
4. A company check or money order for temporary producer in the amount of \$70.00 or \$50.00 for a service representative per insurer must accompany this application. (See breakdown of fees below). The application will be returned without processing if not accompanied by the fees indicated. Make check or money order payable to "Commissioner of Insurance, State of Alabama." Applicants for temporary producer license do not submit an examination fee with this application, as they will receive information from the Insurance Department after this application is filed regarding when and how to pay the fees for examinations.

MAIL this completed application to:  
 Producer Licensing Division  
 Department of Insurance  
 P. O. Box 830704  
 Birmingham, AL 35283-0704

**APPLICATION CHECKLIST - VERY IMPORTANT - PLEASE REVIEW**

- Sponsoring insurer(s) name and NAIC Number are shown.
- Desired lines of insurance are marked.
- Part A is signed by authorized official.
- Applicant's full name is shown. NO INITIALS.
- Part B is signed by applicant and notarized.
- Applicant answered all questions in Part B (Yes, No or N/A).
- If non-resident, current Letter of Certification from home state is enclosed
- Personal checks are not accepted.
- DO NOT send: Cover letter, paper clips, licenses or copies of licenses.

CAUTION. Failure to mail to the P.O. Box listed above will delay the processing of your application.

**FEE SCHEDULE:**

The following fees are due and payable **FOR EACH INSURER** listed in Part A, and should be attached to this application when submitted to the Insurance Department (one check or money order may be used for all fees combined):

**TEMPORARY PRODUCER**

Application fee (for filing application for license/appointment, **per insurer**  
*(for any and all lines, total)*  
License fee, **per insurer**  
Notice of Appointment Fee, **per insurer**  
 TOTAL per insurer

**Resident and Non-Resident**

\$20.00  
 \$20.00  
\$30.00  
 \$70.00

**SERVICE REPRESENTATIVES\***

Application fee (for filing application for license/appointment), per insurer  
Appointment fee, per insurer  
 TOTAL per insurer

\$20.00  
\$30.00  
 \$50.00

\* NOTE: The annual appointment renewal fee for the license listed above is the same as the initial licensing/appointment fee.

**DO NOT INCLUDE AN EXAMINATION FEE WITH THIS APPLICATION.** Temporary Producer License applicants are subject to an examination requirement and will receive information from the Insurance Department after this application is filed regarding when and how to pay the examination fee.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**SWORN AFFIDAVIT**

I, \_\_\_\_\_ under the penalty of perjury do  
(Name)

hereby swear to or affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of \_\_\_\_\_  
(State) in the year of \_\_\_\_\_ (Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer related to the business of insurance.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

**\*PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.**

**NOTICE OF PRODUCER APPOINTMENT**

(Multiple Producers)

For additional information, please visit: [www.aldoi.gov](http://www.aldoi.gov)

Appointment Fee:  
\$30.00 (per Producer)

Mail to: Alabama Department of Insurance  
P. O. Box 830704  
Birmingham, Alabama 35283-0704

Indicate Amount Enclosed: \_\_\_\_\_

**Company NAIC#** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Lines of Insurance:**

<b>L</b> – Life	<b>IF</b> – Industrial Fire
<b>H</b> – Accident & Health	<b>CR</b> – Credit
<b>V</b> – Variable (Life & Annuity)	<b>RV</b> – Rental Vehicle
<b>P</b> – Property	<b>LS</b> – Legal Services
<b>C</b> – Casualty	<b>DS</b> – Dental Services
<b>PL</b> – Personal Lines	<b>MC</b> – Motor Club
<b>A</b> – Automobile	<b>BB</b> – Bail Bond

The above-named insurer hereby provides notice that the individuals identified below have been appointed to represent said insurer for the lines of authority indicated below. We have investigated the character and background of these individuals and are satisfied the individuals are trustworthy and qualified to act as our producers, and we endorse the individuals as being of good business standing and character. We are familiar with the federal law (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.

Our investigation consisted of the following  
(Mark  as applicable.  
DO NOT LEAVE BLANK.)

<input type="checkbox"/> Personal Interview	<input type="checkbox"/> Background Investigation (by insurer)
<input type="checkbox"/> Employment Application	<input type="checkbox"/> Background Investigation (by outside firm)
<input type="checkbox"/> Consumer Credit Report	
<input type="checkbox"/> Other (Please describe) _____	

- A company may appoint as many as 9 different producers on this form.
- Please give the social security number, name and license number for each producer the company is appointing.
- Also indicate line(s) of insurance for which the company is appointing by the letter(s) associated with that line.
- Please complete and return this form to the address above within 15 days from the date of appointment, which is either the date the agency contract is executed or the date the first insurance application is submitted, whichever occurs first. All producers listed on this form must have the same appointment date. Please indicate the appointment date here: \_\_\_\_\_

If you fail to include a date here, the date processed will become the date of appointment.

SOCIAL SECURITY # or FEIN	NAME – LAST, JR/SR, FIRST, MIDDLE	ALABAMA PRODUCER LIC #	LINE(S)

\_\_\_\_\_  
Original Signature of  
Authorized Company Official

\_\_\_\_\_  
Type or print name of authorized company official

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
City/State/Zip

(\_\_\_\_\_) \_\_\_\_\_  
FAX



This is an application for an Alabama business entity to become licensed as an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$70 (\$20 application fee and \$50 license fee). Individuals must use the Application for Individual Producer License. Non-Alabama business entities please use the NAIC Uniform Application for Business Entity Non-Resident License/Registration. Mail to: Alabama Department of Insurance  
P.O. Box 830704  
Birmingham, Alabama 35283-0704

## Application for Business Entity Producer License (Alabama Domiciled Entities)

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year) ____	③ FEIN -
④ DBA/Trade Name (if applicable)		⑤ State of Domicile	⑥ Country of Domicile
⑦ If applicable, NASD Firm Central Registration Depository (CRD) Number	⑧ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
⑨ Business Address		⑩ City	⑪ State
⑫ Zip or Foreign Country			
⑬ Phone Number ( ) -	⑭ Fax Number ( ) -	⑮ Business Web Site Address	⑯ Business E-Mail Address
⑰ Mailing Address	⑱ P.O. Box	⑲ City	⑳ State
㉑ Zip or Foreign Country			

### Designated/Responsible Licensed Producer

㉒ Identify at least one Designated/Responsible Licensed Producer (the designated producer(s) must be qualified for line of authority checked in Item 24 on page 2):

Name _____	SSN _____	- -	Alabama License Number: _____
Name _____	SSN _____	- -	Alabama License Number: _____
Name _____	SSN _____	- -	Alabama License Number: _____
Name _____	SSN _____	- -	Alabama License Number: _____
Name _____	SSN _____	- -	Alabama License Number: _____

### Owners, Partners, Officers and Directors

㉓ Identify all owners, partners, officers and directors of the business entity:

Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -
Name _____	Title _____	SSN _____	- -

(State Use)

**Application for Business Entity Producer License (Alabama-Domiciled Entities)**

This is an application for Alabama business entities to become an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$70 (\$20 application fee and \$50 license fee).

24 Please check the line(s) of authority for which you are applying:

V – Variable Life/Variable Annuity	L – Life	P – Property	C – Casualty	CR – Credit
H – Accident & Health or Sickness (Disability)	PL – Personal Lines	A – Automobile	BB – Bail Bond	MC – Motor Club
IF – Industrial (debit) Fire	RV – Rental Vehicle	DS – Dental Services	LS – Legal Services	

The Designated/Responsible Licensed Producer(s) identified in Item 22 on page one of this application must be qualified for each of the above-checked lines.

**Background Information**

25 Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_  
 “Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.  
 If you answer yes, you must attach to this application:  
 a) a written statement explaining the circumstances of each incident,  
 b) a copy of the charging document, and  
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance. Yes \_\_\_ No \_\_\_

3. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_  
 “Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.  
 If you answer yes, you must attach to this application:  
 a) a written statement identifying the type of license and explaining the circumstances of each incident,  
 b) a copy of the Notice of Hearing or other document that states the charges and allegations, and  
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

4. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_  
 If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.

5. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_  
 If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

6. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_  
 If you answer yes, you must attach to this application:  
 a) a written statement summarizing the details of each incident,  
 b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and  
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

7. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_  
 If you answer yes, you must attach to this application:  
 a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and  
 b) copies of all relevant documents.

STATE OF ALABAMA – DEPARTMENT OF INSURANCE
Application for Business Entity Producer License (Alabama-Domiciled Entities)

Applicant's Certification and Attestation

- 26 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:
1. All of the information submitted in this application and attachments is true and complete...
2. Where required by law, the business entity hereby designates the Commissioner of Insurance...
3. The business entity grants permission to the Alabama Commissioner of Insurance...
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation...
5. I authorize the State of Alabama to give any information it may have concerning this business entity...
6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Alabama.
7. I am registered with the Alabama Secretary of State.

Must be signed by an officer, director, principal or partner of the business entity:

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Notary

27 Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this \_\_\_ day of \_\_\_, 20\_\_.

(SEAL) NOTARY PUBLIC

Date Commission Expires

Attachments

28 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- Check for \$70 payable to "Commissioner of Insurance, State of Alabama"
• Attachments explaining "Yes" answers on page 2, if necessary.

Mail to: Alabama Department of Insurance
P.O. Box 830704
Birmingham, Alabama 35283-0704.

STATE OF ALABAMA – DEPARTMENT OF INSURANCE  
Application for Business Entity Producer License (Alabama-Domiciled Entities)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN AFFIDAVIT

I, \_\_\_\_\_ under the penalty of perjury do hereby  
(Name)  
swear to or affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of  
\_\_\_\_\_ in the year of \_\_\_\_\_.  
(State) (Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer related to the business of insurance.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

**\*PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.**